

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
EXECUTIVE OFFICE OF THE MAYOR  
OFFICE OF BOARDS AND COMMISSIONS



Director  
Office of Boards and Commissions  
Executive Office of the Mayor  
1350 Pennsylvania Ave, N.W. Suite 302  
Washington, D.C. 20004

Dear Director:

I hereby affirm that my taxes comply with **Federal and State of Maryland** laws for the three most current tax years. I understand that this information is merely for the purpose of determining and verifying residence and does not include disclosure of my actual tax returns. I further understand that the verification that is received is not subject to dissemination to any individual outside of the Office of Boards and Commissions.

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*(Please Print Name)*

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*(Signature)*

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*(Date)*

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*(Please Provide and Print Your Social Security Number)*

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*(Home Telephone Number)*

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*(Business Telephone Number)*

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**TAX WAIVER FORM**

This form is a Waiver Form for the Release of Maryland Tax Information from the Maryland Department of Assessments and Taxation. **Please return by facsimile to (202) 727-2359.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Taxpayer and Spouse if Tax Returns are Filed Jointly.)

\_\_\_\_\_  
(Address of Taxpayer)

I hereby give the Department of Assessments and Taxation, **State of Maryland**, consent to release my tax information to an authorized representative of the Office of Boards and Commissions. I understand that the information released under this consent will be limited to whether or not I am in compliance with the **State of Maryland's** tax laws and regulations as of \_\_\_\_\_. If I am not in compliance, I further consent that the Maryland Department of Assessments and Taxation may inform the authorized representative whether or not I am maintaining a payment agreement. I understand that this information is merely for the purpose of determining whether or not I am in compliance with the revenue laws of the **State of Maryland** and for verifying my place of domicile, but does not include disclosure of my actual tax returns. I further understand that the information that is received from the Maryland Department of Assessments and Taxation pursuant to this release will be placed in my file that is maintained by the Office of Boards and Commissions and is not subject to dissemination to any individual outside of the Office of Boards and Commissions.

\_\_\_\_\_  
(Signature of Taxpayer)

\_\_\_\_\_  
(Signature of spouse, if tax return is filed jointly.)